

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.R.	42197	1/29/00
O.I.P.E. CLASSIFIER	I	101	2/10/00
FORMALITY REVIEW	GJB	59383	2-2-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/1/00
2	✓	✓	6/1/00
3	✓	✓	6/1/00
4	✓	✓	6/1/00
5	✓	✓	6/1/00
6	✓	✓	6/1/00
7	✓	✓	6/1/00
8	✓	✓	6/1/00
9	✓	✓	6/1/00
10	✓	✓	6/1/00
11	✓	✓	6/1/00
12	✓	✓	6/1/00
13	✓	✓	6/1/00
14	✓	✓	6/1/00
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Form No. 100-1000
WPA
The Post Office Department

If more than 150 claims or 10 actions
staple additional sheet here